Introduction to the Texas HIV Epidemic Profiles

As a member of a HIV Prevention Community Planning Group (CPG), you have volunteered to create an HIV prevention plan for your community. As a part of this process, you have to base decisions about which populations in your planning area should be targeted on the best evidence available. One part of this process is looking at epidemiologic information – that is, information about HIV and other STD that is gathered through disease surveillance and current HIV prevention activities in your area.

Dividing the Planning Area into Analysis Zones

Planning can be complicated by the fact that HIV/AIDS and STD are not spread evenly across planning areas. We have divided the planning regions into clusters of counties. The clusters of counties that show higher numbers of reported cases of HIV/AIDS or STD are called High Morbidity Analysis Zones (HMAZ). Your planning area may have one or more HMAZs, and each HMAZ is profiled separately to help you make decisions about what kinds of populations should be targeted in different parts of your planning area. The rest of the counties in your planning area are combined into a Low Morbidity Analysis Zone (LMAZ).

It can be very difficult to make sense of information on reported cases of AIDS, HIV, and other STD, and information on risk behaviors and interventions reported through TDH contractors who do Prevention Counseling/Partner Elicitation (PCPE). This profile tries to combine these different sources of information in a more usable format. The profile has an epi summary, then detailed information on each risk population.

The Epi Summary

We have created a **summary** of this year's profile that has three sections.

Summary Section 1: Your Planning Region

This section shows the counties included in each analysis zone in your area.

Epi Summary Section 2: "Morbidity" Summary

This section contains a summary of morbidity information on risk subpopulations, divided by sex, race/ethnicity, and risk behaviors. This means that we analyzed data for the following groups:

- MMS African Americans
- MMS Hispanics
- MMS Whites
- IDU African Americans, males and females separately
- IDU Hispanics, males and females separately
- IDU whites, males and females separately
- FMS African Americans, males and females separately
- FMS Hispanics, males and females separately
- FMS whites, males and females separately

We calculated a "disease score" for each of these subgroups. The information included in these scores:

- AIDS cases diagnosed in each group in 1998 (as of 10/19/1999)
- HIV infections reported from 1/1/1999 through 10/19/1999
- AIDS cases reported as living as of 10/19/1999
- Positives from PCPE providers for 1998 (as of 3/11/1999)
- Cases of primary and secondary syphilis, gonorrhea, and chlamydia diagnosed in 1998

How we came up with "disease scores"

1. Calculated rates for each subpopulation on each of the data sets named above. We used rates because these populations are very different sizes. This means that we had to estimate the size of each population. Details on how we calculated these rates can be found in Appendix 3.

2. Looked at each rate, and gave it a score on a scale of 1 to 16, with higher rates getting higher scores. This helps simplify analysis. The rates and scores for your region can be found in Appendix 1.

3. Added up the disease scores for each subpopulation for all the disease indicators. Then we "ranked" the subpopulations from highest to lowest, looking for patterns. The higher the disease score, the greater the burden of disease in that population. (More detailed information on how the scores were calculated and examined is found in the introduction to Appendix 1.)

Epi Summary Section 3: Risk Profile

We also calculated a "risk score" for each of the subpopulations based on risk behavior information reported by PCPE providers for clients seen in 1999. We looked at the percent of clients in each of the subpopulations that reported the following risks in the 12 months prior to getting counseling for HIV:

- 'Almost never' using barriers with anal, vaginal, or oral sex (each type of sex examined separately)
- Multiple sexual partners
- Sex partner(s) had multiple sexual partners
- Sex with someone at risk for HIV
- History of STD
- Drug use with sex
- Buying or selling sex
- Sharing injection equipment

These percentages were translated into risk scores in the same way the morbidity scores were. Total scores were then listed in rank order, and the information compared to the morbidity scores.

If you would like to see the numbers that were used to create the risk profiles, this information is available in Appendix 2.

Details on Risk Subpopulations

The Epi Summary is followed with detailed information on each subpopulation, in order of their “morbidity” score. Groups that have similar morbidity scores are grouped together in this discussion.